



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 BUREAU OF COMMUNITY FOOD AND NUTRITION ASSISTANCE
 CHILD AND ADULT CARE FOOD PROGRAM
INDIVIDUAL INFANT MEAL RECORD BIRTH-5 MONTHS (7 DAY)

Infant's Name										Age in months		Date of Birth / /			
Center/Provider										Breastmilk <input type="checkbox"/> Yes <input type="checkbox"/> No		Formula Type		Claim Month/Year /	
Claim only approved meals. Meals claimed <input type="checkbox"/> Breakfast <input type="checkbox"/> Snack <input type="checkbox"/> Lunch <input type="checkbox"/> Supper															
Requirements	Date / /		Date / /		Date / /										
	Amount Eaten	Time	Amount Eaten	Time	Amount Eaten	Time									
4-6 fluid ounces of breastmilk or iron fortified formula															
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Note: Minimum serving sizes per age group and meal requirements as listed on the Food Charts must be followed for a creditable **CACFP** meal.